

III
PROGRAM DESCRIPTION

EPSDT Administrative Case Management activities provide for the efficient operation of the state Medicaid plan. These activities aid the potential EPSDT eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, establish a health care home for the child, develop and coordinate a service plan, follow through on the case plan and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

EPSDT Administrative Case Management is committed to the least restrictive method of treatment for children and will maintain this as a priority.

IV
PROGRAM EVALUATION PLAN

A designated representative from the Platte Valley Education Cooperative and the Medicaid agency shall meet annually for the purpose of program review and evaluation of policies for implementing the provisions of the interagency agreement.

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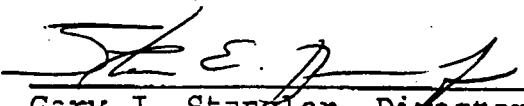
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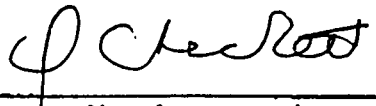
TERMS OF THIS AGREEMENT

The period of this Cooperative Agreement shall be from October 1, 1996, through September 30, 1998. This agreement shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attached addendum. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



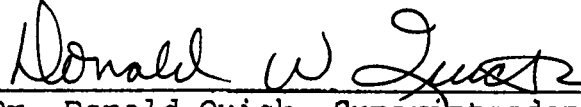
Gary J. Stangler, Director
Department of Social Services

12/30/96
Date



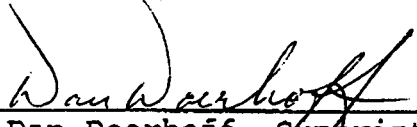
Donna Checkett, Director
Division of Medical Services

12-12-96
Date



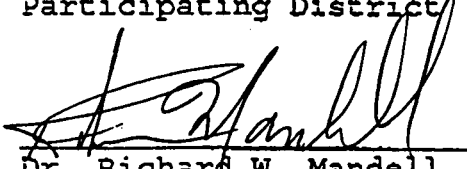
Dr. Donald Quick, Superintendent
East Buchanan County C-I School District
Administrative District for the Platte
Valley Education Cooperative

11-13-96
Date



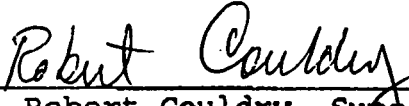
Dr. Dan Doerhoff, Superintendent
Buchanan County R-IV School District
Participating District

11-13-96
Date



Dr. Richard W. Mandell, Superintendent
Clinton County R-III School District
Participating District

11-13-96
Date



Dr. Robert Couldry, Superintendent
Mid-Buchanan County R-V School District
Participating District

11-13-96
Date

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Francis Moran

Dr. Francis Moran, Superintendent
North Platte County R-I School District
Participating District

11-13-96

Date

David L. Legaard

Dr. David L. Legaard, Superintendent
Smithville R-II School District
Participating District

11/26/96

Date

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COOPERATIVE AGREEMENT
between
THE MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
and
THE MISSOURI DEPARTMENT OF HEALTH
for
QUALITY ASSESSMENT AND IMPROVEMENT

PURPOSE

The Missouri Department of Social Services, Division of Medical Services (DSS, DMS) is responsible for administering the Missouri Medicaid program to improve accessibility and quality of health services for Missouri's Medicaid and state eligible populations. DSS, DMS has a responsibility to ensure that Medicaid recipients are obtaining high quality health care which leads to improved health. DMS will use the tools of Continuous Quality Improvement, population-based quality measures, epidemiology, and statistics to fulfill this responsibility in partnership with Health Care Plans and Providers. The Missouri Department of Health (DOH) is responsible for assessing and improving the health of all Missourians. DOH has particular expertise in utilizing these tools as well as an information system containing multiple population health data bases.

Therefore, DMS wishes to consult and collaborate with DOH with the aim of better measuring and improving the quality of health and health care provided to Missouri Medicaid recipients, an integral part of administering the Medicaid program.

MUTUAL OBJECTIVES

- Cooperate and collaborate through the Missouri Interagency Health Group on health care quality measures in the state public sector;
- Development of a core set of population-based Quality Indicators by the Missouri Health Systems Partnership Quality Working Groups, composed of experts from the public and private sectors;
- Development of an integrated Data Warehouse of client service and population-based health data, including hospital encounters, birth certificates, death certificates, and communicable disease reports by DOH; and
- Matching enrollment data files with DOH databases.

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DSS, DMS, as part of its responsibility for administering the Missouri Medicaid program agrees to:

1. Reimburse the Department of Health (DOH) for the epidemiology support services provided to the Division of Medical Services (DMS). The total amount of reimbursement shall not exceed \$62,109.00;
2. Provide Medicaid enrollment data tapes with monthly updates to DOH upon approval by the Health Care Financing Administration (HCFA); both fee for service and MC+ recipients (Plan specification to be included for MC+ enrollees);
3. Provide Medicaid claims records for selected conditions based upon quality indicators to be monitored;
4. In consultation with DOH, specify quality indicators it wishes measured utilizing enrollment matches with DOH databases;
5. In consultation with DOH, specify the entire set of quality indicators it will use to measure the quality of health and health care provided to Missouri Medicaid recipients, the frequency of measures, and the format and distribution of reports;
6. In consultation with DOH, determine what benchmark comparisons it wishes to use to compare the health and health care of Medicaid recipients with other relevant populations in Missouri and the United States; and
7. Identify the DMS personnel responsible for working with DOH on these projects, to form a joint Medicaid Quality Information Team; this Team would be accountable to the Directors of DMS and DOH and report quarterly to the Directors and the Medicaid QA&I Advisory Group.

DOH, as consultant and collaborating agency, agrees to:

1. Employ staff to provide epidemiology support services to the Division of Medical Services;
2. Submit a SAM535 (Financial Management and Control System Interagency Billing) Form quarterly; the total amount of reimbursement shall not exceed \$62,109.00;
3. Match Medicaid enrollment files with DOH databases to derive quality indicator measures desired by DMS;
4. Add Medicaid immunization encounters to the MOHSAIC immunization registry to monitor the immunization status of Medicaid children and recommend information to be provided to providers for follow-up activities to increase immunization rates;

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5. Ensure secure electronic storage for Medicaid enrollment and claims files, with access permitted only for projects approved and authorized by DMS for the administration of the Medicaid program;
6. Strictly limit access, approved in writing by DSS, DMS director, of recipient specific information to DOH personnel (employees and contractors) working on approved projects noted in 5. and researchers working on projects approved by DMS which further the administration of the Medicaid program; maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance, coordination and quality assurance activities authorized under this agreement;
7. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies and regulations on program matters including the review and approval by DMS of all printed material developed by DOH to fulfill this agreement;
8. Get DMS approval in writing before releasing any data or reports derived from Medicaid enrollment files to any other agency or the public;
9. In consultation with DSS, DMS, specify the entire set of quality indicators it will use to measure the quality of health and health care provided to Missouri Medicaid recipients, the frequency of measures, and the format and distribution of reports;
10. In consultation with DSS, DMS, provide comparative benchmark analyses of quality indicator measures utilizing other available population when desired by DMS;
11. Prepare for DMS, when requested, reports summarizing quality indicator measures, including public consumer guides;
12. Identify DOH personnel responsible for providing these services to DMS, who will become part of the Medicaid Quality Information Team, with accountability as noted above; and
13. Provide staff support to DMS for its Quality Assessment and Improvement programs and to the Medicaid QA&I Advisory Group.

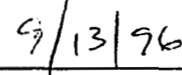
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TERMS OF THIS AGREEMENT

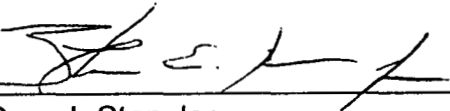
The period of this Cooperative Agreement shall be from July 1, 1996 to June 30, 1997. This agreement may be amended upon agreement of both parties or may be canceled at any time upon agreement by both parties or by either party after giving thirty days prior notice in writing.



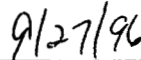
Coleen Kivlahan, M.D., MPH
Director, Department of Health



Date



Gary J. Stangler
Director, Department of Social Services



Date

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**ATTACHMENT TO MEMORANDUM OF UNDERSTANDING BETWEEN
DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES
(DSS/DMS) & DEPARTMENT OF HEALTH (DOH)**

**Reporting of Quality Indicators by DOH Agreed to by DMS
in Meeting on September 4, 1996**

- ◆ Reports will be presented each quarter at the QA&I Advisory Group Meetings.
- ◆ Sentinel events, such as deaths and complications of pregnancy may be included in an internal report on a periodic basis.
- ◆ All reports will be submitted by region.
- ◆ Quarterly and annual reports of Quality Indicators will be reported in the aggregate for the first contract year, but will be reported as plan specific in the second contract year.
- ◆ Baseline data will be reported for indicators listed below. The data will be reported by state fiscal year (July 1 through June 30) for at least FY 1993-94 and FY 1994-95.

Missouri Medicaid Quality Indicators:

- | | |
|--|---|
| <ul style="list-style-type: none">● Trimester Prenatal Care Began<ul style="list-style-type: none">FirstSecondThirdNoneTotal● Inadequate Prenatal Care● Birth Weight (grams)<ul style="list-style-type: none"><500500-14991500-19992000-24992500+Total● Low Birth Weight (<2500 grams)● Method of Delivery<ul style="list-style-type: none">C-Section VBACRepeat C-SectionTotal● Smoking During Pregnancy● Spacing <18 mos. Since last birth● Births to mothers <18 years of age● Fetal Deaths (20+ wks) Rate per 1000 live births● Total live birth or stillbirth fetuses 500 grams or more | <ul style="list-style-type: none">● Percent of prenats on WIC● Percent of infants on WIC● Immunizations—Percent of children, newborn to 2 years, who received four DPT, three polio, one MMR, three Hib, and three Hepatitis B immunizations by two years of life.● Average length of stay (days) for inpatient admissions for:<ul style="list-style-type: none">MaternalNewbornBehavioral Health● Asthma inpatient admissions—Rate per 1000 population<ul style="list-style-type: none">Under age 18Ages 18-64● Emergency room visits—Rate per 1000 population<ul style="list-style-type: none">Under age 18Ages 18-64● Total Hysterectomies● Total Vaginal Hysterectomies● Number of Syphilis Cases—Rate per 100,000 population● Number of Gonorrhea Cases—Rate per 100,000 population |
|--|---|

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**MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES TITLE XIX TRANSPORTATION
OPERATING ASSISTANCE AGREEMENT**

**I
STATEMENT OF PURPOSE**

This Agreement is entered into by the Department of Social Service, Division of Medical Services (DSS/DMS) and ^{Marion County Board of Services} ~~for Developmentally Disabled~~ (know hereafter as the Government Entity) for the administration of scheduled transportation services for Missouri Medicaid eligible individuals served by the Government Entity to obtain nonemergent but medically necessary, Missouri Medicaid covered services. DSS/DMS and the Government Entity will:

1. Make every effort to provide the most efficient and cost effective non-emergency medical transportation (NEMT) services available to Medicaid eligible individuals served by the Government Entity.
2. Assure scheduled transportation services for individuals eligible to receive Medicaid on the day services are provided, who have no other transportation resources, to and/or from covered scheduled Missouri Medicaid medical services in the most appropriate, least costly manner.

**II
RESPECTIVE RESPONSIBILITIES**

DSS/DMS agrees to:

1. Reimburse the Government Entity the Title XIX federal share of actual and reasonable costs established for the provision of medically necessary transportation provided by the Government Entity. Reimbursement is based upon the estimated operating cost of The Government Entity as determined from the Government Entity's estimated annual operating budget (Appendix B). The rate of reimbursement for the eligible administration of medically necessary transportation costs will be the Title XIX federal share (50%). The estimated operating cost will be reviewed in March of each year and the estimated cost per unit may be adjusted in March of each year.
2. Provide the Government Entity access to the information necessary to properly provide and seek reimbursement for administration of medically necessary transportation.
3. Review administrative payments made to the Government Entity to ensure that NEMT services are provided in the most efficient and cost effective manner and that payments do not duplicate other Medicaid NEMT payments.

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- 4. Provide written instructions, technical assistance, and necessary consultation to staff of the Government Entity regarding the responsibilities assumed within the terms of this agreement.

The Government Entity agrees to:

- 1. Identify Medicaid eligible individuals and determine those who do not have access to free non-emergency medical transportation for scheduled medically necessary, Medicaid covered services.

To be eligible for Medicaid coverage of NEMT services, individuals must:

- A. be Medicaid eligible under a federally matched eligibility category. Individuals eligible under State Only Eligibility Categories: 02, 08, 09, 52, 57, 59, & 64 are not eligible for the Medicaid NEMT program. Individuals eligible as Qualified Medicaid Beneficiaries (QMB) are also excluded
- B. have no access to free transportation.

- 2. Arrange the most cost-effective, non-emergency medical transportation service appropriate for the needs of the Medicaid eligible individual.

- 3. Provide, as requested by the state Medicaid agency, the information necessary to request federal funds available under the State Medicaid match rate. Information will include at least: Patient/client name; Medicaid departmental client number (DCN); Date of Service; Name of Medicaid provider; Name of Medicaid NEMT provider and Actual cost of service;

- 4. Certify to DSS/DMS the provisions of the non-federal share for transportation services via completion of DSS/DMS "Certification of General Revenue". The Government Entity will be required to include this in its Application for Funds from DSS/DMS Title XIX Transportation Operating Assistance Program and Certification of General Revenue (Appendix A) and on each Invoice for Medicaid Administration of Transportation (Appendix C).

- 5. Provide professional, technical and clerical staff to conduct administrative functions necessary for the proper and efficient administration of medically necessary transportation;

- 6. Maintain the confidentiality of client records and eligibility information received from DSS/DMS and use that information only in the administration, technical assistance and coordination of activities authorized under this agreement. The Government Entity shall not disclose to third parties confidential factual matter provided by DSS/DMS except as may be required by statute, ordinance, or order of the Court, or as authorized by DSS/DMS. The Government Entity shall notify DSS/DMS immediately of any request of such information. The Government Entity shall provide DSS/DMS with copies of all Medicaid Daily Trip forms with each monthly

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